Submit To:

CHIEF ENGINEER
Division of Water Resources
Kansas Department of Agriculture
109 SW 9<sup>th</sup> Street, 2nd Floor
Topeka, KS 66612-1283

(Groundwater only)

APPLICATION FOR ESTABLISHMENT

OF FLEX ACCOUNT

AND A TERM PERMIT



For Additional Info: phone: 785-296-3717 www.accesskansas.org/kda

Application must be filed on or before October 10<sup>th</sup> preceding the year in which this flex account will begin

STATE OF KANSAS

## Statutory filing Fee of \$400.00 Must Accompany the Application Make check payable to the Kansas Department of Agriculture

Term Permit File No. \_\_\_\_\_ (to be completed by DWR staff)

## PLEASE PRINT

This application must be supplemented by either a topographic map or detailed plat. (A U.S. Geological Survey Topographic Map, scale 1:24,000, is available through the Kansas Geological Survey, 1930 Constant Avenue, University of Kansas, Lawrence, Kansas 66047-3726 or at <a href="https://www.kgs.ukans.edu">www.kgs.ukans.edu</a>.) The following information must be shown on the map and must agree with this application:

- ! Show the Section, Township, Range, and County. Show the center of the Section, Section lines, and corners.
- ! Show the location of the point(s) of diversion as described in Item 3a of this application. Show feet measurements North and West of the Southeast corner.
- ! Show the location of existing water wells of any kind within ½ mile of the point of diversion. Identify each well as to its use, and furnish name and mailing address of the owner(s). If there are no wells within ½ mile, advise this office.

!	Show the authorized place of use by cross-hatching on the map.									
1.	Application is hereby made for approval of the Chief Engineer to establish a flex account for the point of diversion authorized under (water									
	right must be certified):									
	☐ Vested Right File No(s) ☐ Water Right File	No(s)								
2.	Name and address of applicant:									
		Phone Number: ( ) -								
	Name and address of water use correspondent:									
		Phone Number: ( ) -								
	Applicant's Social Security Number and/or Taxpayer I.D. No.	_ (Optional)								
3.	. Type of diversion point claimed for this account: <b>G</b> well <b>G</b> groundwater pit	<b>G</b> battery of wells								
	3a. The authorized point of diversion claimed for this flex account is located as follows:									
	One in thequarter of thequarter of thequarter of Section, mor	e particularly described as being near a point								
	feet North andfeet West of the Southeast corner of said section, in Township	South, RangeEast/West (circle								
	one), County, Kansas. Currently authorized rate of diversion g.p.m.									
	3b. More than one point of diversion may be claimed for this flex account, if all are metered through place of use. Complete the following if applicable.  Additional point(s) of diversion to be claimed (is) (are) (give number of points)									
	One in thequarter of the quarter of the quarter of Section, mor									
	feet North andfeet West of the Southeast corner of said section, in Township	South, Range East/West (circle								
	one), County, Kansas. Currently authorized rate of diversion g.p.m., an	d								
	One in thequarter of thequarter of thequarter of Section, mor									
	feet North andfeet West of the Southeast corner of said section, in Township	South, Range East/West (circle								
	one), County, Kansas. Currently authorized rate of diversion g.p.m.									
	(use additional sheets if necessary)	Assisted by								

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ch	5b. Water use data (not to exceed authorized quantity):																		
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File No.

(5) year	By signing my name, I understand that if this application is approved, a term permit will be issued for a period of not more nor less than five (5) years and that this term permit will restrict the appropriation of water under the Certificate of Appropriation for Beneficial Use of Water or the Vested Right pertaining to this flex account. The term permit will contain conditions including, but not limited to, the following:											
	The base water rights may not be exercised during the effective dates of the term permit, even if the five (5) year allocation of water has been used and the five (5) years have not yet expired.											
	wner(s) of the water right(s) pertaining eer and report the meter readings to the		aintain a water flow met	intain a water flow meter which meets the requirements of the Chief								
! The ter (MDS)	neer, such as Minimum Desirabl nt.	e Streamflow										
	Any balance of water remaining after the expiration of the term permit cannot be carried over to any other flex account that may established.											
	While the term permit authorizing use of a flex account is in force, it is binding upon all owners and subsequent owners of the water right pertaining to this flex account.											
authorize	that I am the owner of the auth d to make this application in hi ect, and complete.											
Dated at		, Kansas, this	day of	, 20								
	(Owner)			(Spouse)								
	(Owner)			(Spouse)								
	(Owner)			(Spouse)								
	(Owner)			(Spouse)								
	(Owner)			(Spouse)								
State of Kar County of	nsas ) SS											
I hereby	certify that the foregoing application	was signed in my presence	e and sworn to before m	ne this	day of							
		<u>-</u> :										
			-	Notary Public								
NOTE: The also sign. P contract is c	ne application must be signed by each clease indicate if there is no spouse. It completed.	owner of the authorized pl f land is being purchased t	lace(s) of use covered by under contract, the seller	•	e spouse must ch time as the							
	that all applicants cannot appear before conveniently available to them. All	ore one notary public, they	y may as necessary sign ner shall be considered t	separate copies of the application be valid parts of the application	ion before any							
	st is signed on behalf of any owner by tor, executrix, conservator), it will be											

File No.

Calendar year flex account is to begin January 1, \_\_\_\_\_ (period of enrollment will be five (5) consecutive years).